

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED
MAY 08 2011

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 105 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jerrita Shell

Telephone: _____

Address: 3013 Perry Lane

Fax: _____

Jubis Island, SC
29455

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
 OPERATION OF MOTOR VEHICLE CARRIER

Date: 3-07-2011

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Juanita Sheu Sole proprietorship

Electe Taxi: 3073 Penny Lane
 Street Address of Applicant

Mailing Address of Applicant if different from street address

843-276-9156

Phone

Fax

jenharr@gmail.com
 Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.



Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____ Year _____

Assets:

Cash	1,250.00
Receivables	
Real Estate	N/A
Buildings and Equipment (Net)	N/A
Motor Vehicles (Net)	8,000
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	
Supplies on Hand	office equipment
Prepays and Other Assets	
Total Assets	\$ 9,250.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	N/A
Equipment Obligations	N/A
Accrued Salaries and Wages	N/A
Other Accrued Obligations	
Other Liabilities	Car - \$7,000
Total Liabilities	
Capital Stock	N/A
Retained Earnings	N/A
Total Equity	
Total Liabilities and Equity	7,000

PROPOSED RATES AND CHARGES FOR SERVICEMaximum Proposed Rates and Charges for Service are as follows:

\$10.00 City 1st 2 passengers \$1.00 each addl - Party of 2nd
Airport \$35.00 1st 2 passengers 2.00 Each Addl
Mt Pleasant, Isle of Palms 25.00 1st 2 passengers \$2 Each addl
Wild Dunes, Sullivan's Island \$30 1st 2 2.00 Each addl
Kiawah & Seabrook Island \$40 1st 2 2.00 Each addl
40 Summerville SC 1st 2 passengers 2.00 Each addl

Countries to be Served:

Charleston
Dorchester

Maximum Number of Passengers per Vehicle:

7

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Juanita Shell dba

Eleet Taxi of Charleston

Name of Motor Carrier

3013 Penny Ln Johns Island SC 29455

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 7791.⁰⁰

Limits 100,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Stratford Insurance Company

Name of Insurance Company

Po Box 2576 Sumter SC 29151

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3-7-11

Date

Jane Reid

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Tenn. J. Sher

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF _____)

Juanita Shell
Applicant's Signature

I, _____,

Juanita Shell
Name of Applicant's Representative

DBA

Title

of _____,

Cleet taxi

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Juanita Shell
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 7 day of _____, 20____

June Reid
Notary Public

Commission Expires

JUNE REID
NOTARY PUBLIC
SOUTH CAROLINA
MY COMMISSION EXPIRES 10-8-2018

8 of 9

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



REGINALD I. LLOYD
Director

CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): Juanita Elida Shell

AKA and/or MAIDEN NAMES: Harris Mathelie

DOB: 7-04-1951

NO RECORD
NAME SEARCH ONLY
S.C. LAW ENFORCEMENT DIVISION
#29

SSN

(Fee
office
busi

gencies to require a social security number in order to conduct
/ only obtain social security numbers if given voluntarily)

NAME _____ ION (if applicable): _____

CHARITABLE VERIFICATION ACCOUNT # (if applicable): _____

PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. *Please enclose a self-addressed stamped envelope for the return of your record check.

(CJ-022) 1/18/11



1820 S. GAYLORD ST. COLUMBIA, SC 29204

02:21 PM 03 JUN 2011

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7588



OFFICIAL 3 YEAR DRIVER RECORD

Customer No.: 25501167

Name : SHELL, JUANITA

Address : 3073 PENNY LN

City : JOHNS ISLAND

County : CHARLESTON

DOB: 07/04/1951

Driver L

State: SC

Zip: 294558760

Sex: F

Driver Training: N

Status - DL: NO SUSPENSION

CDL: NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.
Current							
DL	D	Duplicate	04/18/2007	07/04/2015	03/20/1995	Y	N
Prior							
DL	D	Renewal	07/28/2005	07/04/2015	03/20/1995	Y	N
DL	D	Renewal	07/03/2000	07/04/2005	03/20/1995	Y	N
DL	D	Duplicate	04/01/2004	07/04/2005	03/20/1995	Y	N
DL	D	Modify	12/05/2002	07/04/2005	03/20/1995	Y	N

Current

Restrictions: A: Corrective Lens

Point Summary

Total Current Points: 0

Driver Credit: - 0

Adjusted Current Points: 0

End of Report

Certified to be a true and correct
copy of the original document on file
with the South Carolina Department of
Motor Vehicles.

Driver Services, Deputy Director

3/7/2011-1:14:14 PM

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